

## Updated Response to the Ombudsman’s report “Care and Compassion” - March 2011

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**For:** Information

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**Summary:** The report updates the Board on practices and actions that have been established and taken in response to the findings in the Ombudsman’s report.

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**Action:** The Board is asked to note

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**Presented by:** Jo Thomas (Chief Nurse)

**Author:** Vikki Carruth (Acting Chief Nurse)

**Notes:**

<b>Trust objective:</b>	Please list number and statement this paper relates to. 1. To deliver safe, high quality co-ordinated care
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<b>Legal:</b>	What are the legal considerations and implications linked to this item?  Not applicable
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<b>Regulation:</b>	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission  CQC
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## Updated Response to the Ombudsman's report "Care and Compassion" March 2011

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<b>Date</b>	26 May 2011
<b>Author</b>	Vikki Carruth (Acting Chief Nurse)
<b>Department</b>	Nursing, Safety & Quality
<b>Audience</b>	Trust Board Members

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The following is a brief report outlining practices within Surrey and Sussex NHS Trust that are in place or actions that will be taken in response to the above report.

This is merely an overview as requested and is by no means a comprehensive list of all of the measures that are in place in relation to all of the issues outlined by the Ombudsman in her report.

For the purposes of the report, the main findings are noted with details focusing specifically on the Ombudsman's findings.

### **Mr and Mrs J's story**

Although Next of Kin information is documented and verbally handed over in the Emergency Department (ED), as a result of this report we are now adding this information to the "Nurse in Charge log". As well as information about the patient's Early Warning Score and Nil by Mouth status, there will be details about whether the patient is accompanied to ensure that those accompanying the patient are communicated with, with the patient's consent.

All patients in the ED have vital signs recorded (EWS) a minimum of 2 hourly or more frequently as their condition indicates. Last year the Trust's senior nursing team implemented a Quality Standards Framework (QSF) which includes documented observational audit of fundamental areas of care including assessments and action plans in relation to vital signs, falls, nutrition and pressure ulcers. The ED is included in this.

Nursing documentation (including assessment and care planning) has been completely redesigned for adult inpatients with plans underway to trial this soon, hopefully in April.

The Trust had already undertaken a review of its DNAR policy and form and the revised policy and paperwork will be complete and launched soon. The final draft of the new form has been circulated to all Trust stakeholders for comment.

Our current DNAR policy provides guidance for clear and standardised documentation and communication of DNAR decisions. It also includes a section to record if a discussion re communication of DNAR decision is discussed with next of kin.

The policy has been recently revised and will include an update on latest Mental Capacity Act recommendations. It will also include process and requirement for patients re the provision of IMCA's and will be up to date with latest Resuscitation Council UK guidance.

The Communication section of new form is being re-designed to include space to record summary of details of discussion with Next of Kin, time etc and if applicable reason for no discussion.

### **Mr D's story**

The Trust has a robust, visible team of Matrons in all clinical areas. Matrons regularly talk to patients and relatives as part of their daily rounds, and are available to clinical staff for support and advice.

We have an established Palliative Care team and the Liverpool Care Pathway is in place and well understood by nursing staff. The Palliative Care team provide instructions for Medical colleagues on pain and the medicines to be prescribed when a patient is discharged, including injectable medicines for pain and for control of other symptoms. In most situations the pharmacy ensures that the patient has at least two weeks worth of medicines before they go home. The patient copy of the electronic discharge letters has advice on where to get further information and advice on all aspects of their care, including a number for advice on medicines. Our pharmacy department is open every day and we have an on-call pharmacist to ensure that clinically urgent medicines problems can be dealt with at all times.

Our newly redesigned nursing documentation has a specific section relating to the assessment of pain.

The Trust has a Discharge team and a newly formed Discharge and transfer group. We are also redesigning our discharge planning documentation to ensure all relevant information and planning is clearly documented and shared.

Pressure Ulcer and Nutritional assessment and care are part of the QSF as outlined above. The Trust has a full time Tissue Viability Nurse who provides training, advice and support to all clinical areas. Our incidence is 6% which is lower than the national average of 8%.

There are rigorous hygiene inspections undertaken by Ward Managers, Matrons, Infection Prevention and control nurses and the facilities team. This is monitored by the fortnightly Infection Control taskforce..

The Falls Risk assessment also includes care planning and bed rail use guidance. The Trust has a Manual Handling Advisor who provides advice, training and support on manual handling, falls management & prevention. Both the Individual Patient Handling Assessments and falls risk assessment also take into account other factors that may affect the patient.

## **Mr R's story**

Falls is one of the 4 core elements of the QSF as above. Falls risk assessment and action planning is monitored via this process. Incident reporting processes are in place and well used.

The Trust has a Falls group chaired and Championed by one of our Consultant Physicians and we will also imminently have a Matron Lead for falls.

The Trust does operate Protected Mealtime although this initiative is not completely robust in all areas yet. This is being address by the Trust Food and Drink group which has patient representatives on it.

The Malnutrition Universal Screening Tool (MUST) is in use in all areas and is monitored via the QSF.

The recently reviewed Individual Patient Handling Assessment will also now take into account the potential to include relatives in the handling of the patient. This will also include information and training they may require. OT, Physio and Back Care Advisor's input are available and the manual handling policy includes responsibilities and considerations for supporting relatives.

The Trust has robust falls policy which includes management of the patient following a fall, escalation and time frames for reporting and informing the Next of Kin.

## **Mrs Y's story**

The Trust has trialled and introduced electronic discharge summaries for GPs which are being rolled out Trust wide in the next few months. This will ensure GPs receive a timely and legible discharge summary. The discharge summaries are sent electronically to the GP surgery unless the surgery cannot receive them.

As above re Discharge Group and Documentation.  
As above re falls group and assessment.

## **Mrs H's story**

As above re nutrition, falls and nursing documentation.

The Trust has just updated its patient property policy and staff complete property lists for those patients unable to sign a disclaimer, or those who are vulnerable, lack capacity/are unable to take responsibility for their property. Patients are also encouraged to hand in valuables for safe keeping or have them taken home by relatives.

The Trust has robust safeguarding policies in place with Statutory/mandatory training well attended for all nursing staff. As well as named executive and strategic leads,

there are 2 part time safeguarding nurse leads in place who work closely with the part time Learning Disability (LD) nurse for Surrey based here 2 days per week. We also have close links with LD colleagues in Sussex.

We use the Surrey Hospital Communication Book as well as the Hospital passport for people with difficulties in communicating.

We use Language Line as appropriate for interpreters and access BSL signers as required. There are also plans to look at trialling a webcam based service for more instant access to signers, particular for patients in the ED.

We have a Privacy & Dignity group, action plan and take part in the annual peer review with external partners.

We have a robust complaints process in place via the Complaints department and Patient Advice and Liaison Service (PALS) and a survey of complainants is underway currently.

### **Mr C's story**

The Trust has a policy regarding DNAR which indicates the need to include families in the decision making process. The Trust is also in the process of introducing the newly redesigned and nationally agreed DNAR form which is being adopted by the local health economy.

Re: DNAR process please see above.

### **Mr W's story**

As above re discharge planning.

### **Mr L's story**

Although as an acute Trust we do administer antipsychotic drugs, although we initiate little long term oral medication of this type. The Trust has a newly reformed Violence and Aggression Working group which will be looking at issues including sedation and restraint.

As above re vital signs and nursing documentation.

### **Mrs G's story**

As above for falls group, assessment and manual handling. The falls assessment also includes consideration of medication

We do not recommend long term use of non-steroidal anti-inflammatory drugs in older people. We issue limited quantities in order that the GP reviews the medication soon after discharge. We are reviewing the advice about NSAIDs on our electronic formulary which is available to GPs.

## Mrs N's story

As above re Palliative Care Team, Liverpool Care pathway and management of medicines.

In addition to existing systems for monitoring incidents, wards also employ the Productive Ward Safety Cross approach as well as Internal Nursing metrics which enable us to quickly identify any trends/ themes and initiate actions in response to any potential areas of concern. We also contribute to the Safer Smarter Nursing Metrics programme via the SHA and the newly introduced Safety Thermometer programme.

The Trust was recently the subject of undercover filming which was televised on Channel 4. When we were made aware of this by the production company the CEO asked the CQC to undertake an unannounced inspection. The Commission spent 2



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days in Feb at the Trust and their report outlines some suggestions for improvement but also highlights good practice and feedback from patients and relatives.

Six members of staff have been excluded from the Trust pending investigation. The Trust has not yet been able to have access to all of the footage and the incident has been raised as an SUI and a Safeguarding alert.

There will be a formal and robust investigation and root cause analysis (including the Safeguarding approach with the Police and Social Services) and actions will be taken as appropriate once the investigation is complete. An action plan in response to the CQC's visit will be submitted as well as a copy of the SUI.

Vikki Carruth  
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March 2011